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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/159,202 10/13/1999  
 and claims benefit of 60/159,469 10/13/1999  
 and claims benefit of 60/163,324 11/03/1999

OK MS

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None MS

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/16/2000

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CO	SHEETS DRAWING 26	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials				

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## TITLE

Programming distribution system

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )

<b>FILING FEE</b>  <b>RECEIVED</b> <b>782</b>	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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